

C. L. "BUTCH" OTTER- Governor RICHARD M. ARMSTRONG - Director DEBBY RANSOM, R.N., R.H.I.T – Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-6626 FAX: (208) 364-1888 7000 1670 0011 3315 1958

August 21, 2008

Kathy Prophet Preferred Community Homes Mallard 7091 West Emerald Street Boise, Idaho 83704

RE:

Preferred Community Homes Mallard, Provider #13G032

Dear Ms. Prophet:

Based on the Medicaid/Licensure survey completed at Preferred Community Homes Mallard on August 15, 2008, by our staff, we have determined that Preferred Community Homes Mallard is out of compliance with the Medicaid Intermediate Care Facility for Persons with Mental Retardation (ICF/MR) Condition of Participation on Active Treatment Services (42 CFR 483.440). To participate as a provider of services in the Medicaid program, an ICF/MR must meet all of the Conditions of Participation established by the Secretary of Health and Human Services.

The deficiencies which caused this Condition to be unmet, substantially limit the capacity of Preferred Community Homes Mallard to furnish services of an adequate level or quality. The deficiencies are described on the enclosed Statement of Deficiencies/Plan of Correction (CMS-2567). A similar form indicates State Licensure deficiencies.

You have an opportunity to make corrections of those deficiencies which led to the finding of non-compliance with the Condition of Participation referenced above by submitting a written Credible Allegation of Compliance. Such corrections must be achieved and compliance verified, by this office, before September 29, 2008. To allow time for a revisit to verify corrections prior to that date, your Credible Allegation must be received in this office no later than September 19, 2008.

Kathy Prophet August 21, 2008 Page 2 of 3

The following is an explanation of a credible allegation:

Credible allegation of compliance. A credible allegation is a statement or documentation:

- Made by a provider/supplier with a history of having maintained a commitment to compliance and taking corrective actions if required.
- That is realistic in terms of the possibility of the corrective actions being accomplished between the exit conference and the date of the allegation, and
- That indicates resolution of the problems.

In order to resolve the deficiencies the facility must submit a letter of credible allegation to the Department, which contains a sufficient amount of information to indicate that a revisit to the facility will find the problem corrected.

As mentioned above, the letter of credible allegation must indicate that the problems have been corrected as of the date the letter is signed. Hence, a plan of correction indicating that the correction(s) will be made in the future would not be acceptable. Please keep in mind that once the Department receives the letter of credible allegation, an unannounced visit could be made at the facility at any time.

Failure to correct the deficiencies and achieve compliance will result in our recommending that the Medicaid Agency terminate your approval to participate in the Medicaid Program. If you fail to notify us, we will assume you have not corrected.

Also, pursuant to the provisions of <u>IDAPA 16.03.11.320.04</u>, Preferred Community Homes - Mallard ICF/MR is being issued a Provisional Intermediate Care Facility for Persons with Mental Retardation license. The license is enclosed and is effective August 15, 2008, through December 15, 2008. The conditions of the Provisional License are as follows:

- 1. Post the provisional license.
- 2. Correct all cited deficiencies and maintain compliance.

Please be aware that failure to comply with the conditions of the provisional license may result in further action being taken against the facility's license pursuant to <u>IDAPA 16.03.11.350</u>.

Be advised, that, consistent with IDAPA 16.05.03.300, you are entitled to request an administrative review regarding the issuance of the provisional license. To be entitled to an administrative review, you must submit a written request by **September 22, 2008**. The request must state the grounds for the facility's contention of the issuance of the provisional license. You should include any documentation or additional evidence you wish to have reviewed as part of the administrative review.

Kathy Prophet August 21, 2008 Page 3 of 3

Your written request for administrative review should be addressed to:

Randy May, Deputy Administrator Division of Medicaid -- DHW P.O. Box 83720

Boise, ID 83720-0036 phone: (208)364-1804 fax: (208)364-1811

If you fail to submit a timely request for administrative review, the Department of Health and Welfare's decision to issue the provisional license becomes final. Please note that issues which are not raised at an administrative review may not later be raised at higher level hearings (IDAPA 16.05.03.301).

You have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request and all required information as directed in Informational Letter #2007-02. Informational Letter #2007-02 can also be found on the Internet at:

## http://www.healthandwelfare.idaho.gov/site/3633/default.aspx

This request must be received by September 3, 2008. If a request for informal dispute resolution is received after September 3, 2008 the request will not be granted. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

We urge you to begin correction immediately. If you have any questions regarding this letter or the enclosed reports, please contact me at (208)334-6626.

Sincerely,

NICOLE WISENOR Co-Supervisor

led Musico

Non-Long Term Care

NW/mlw

Enclosures



9-10-08

To: Sylvia Creswell, Nicole Wisener

Bureau of Facility Standards

From: Kathy Prophet, Administrator Mallard Landing - Preferred Community Homes

Re: PCH Mallard Landing ICF/MR Letter of Credible Allegation

This is a formal request for a revisit to verify corrections for the Mallard survey, dated August 15, 2008.

Attached is a copy of the plan of correction for the Mallard survey, dated AUGUST 15, 2008. It is believed that corrections have been made for the Condition of Active Treatment Services as of September 19, 2008.

Kathy Prophet

PCH Mallard Landing Administrator

(208) 855-9142

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W 000 INITIAL COMMENTS  The following deficiencies were cited during the recertification survey.  The surveyor conducting the survey was:  Monica Williams, QMIRP  Common abbreviations used in this report are:  BMP - Behavior Management Plan PRN - As needed QMRP - Qualified Mental Retardation Professional  W 100  INSTITUTIONS  W 100  W 1		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI A. BUIL	JLTIPLE CONS DING	TRUCTION	(X3) DATES COMPL	
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PRINTED: 08/20/2008 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X8) DATE BURVEY COMPLETED (XI) PROVIDER/SUPPLIER/CLIA OCS MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION DENTIFICATION NUMBER: A BUILDING 130032 08/15/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 699 SOUTH OTTER PREFERRED COMMUNITY HOMES - MALLARD MERIDIAN, ID 83642 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REPERENCED TO THE APPROPRIATE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL D (XS) COMPLETION CKAN YD PREFIX REGULATORY OR LISC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) W120 483.410(d)(3)SERVICES W 120 Continued From page 2 W 120 PROVIDED WITH OUTSIDE **OUTSIDE SOURCES** SOURCES The facility must assure that outside services Individual #1 has been pulled from his meet the needs of each client. current outside service, and is participating in prevocational activities This STANDARD is not met as evidenced by: through Preferred community Homes Based on observation, record review, and staff day treatment programs. Outside interviews it was determined the facility failed to services in the future when being ensure outside services met the needs for 1 of 1 considered for any clients will include individual (Individual #1) who attended an off-site A written contract day treatment program. This resulted in an The OMRP will assure a vocational inclividual not being provided with active treatment assessment is completed and accurate. to meet his identified needs and maximize The QMRP will complete outside independent functioning. The findings include: service training a minimum of 1x per 1. Individual #1's IPP, dated 8/10/07, documented month and assure all data is current and a 59 year old male diagnosed with severe mental updated both from the home and the retardation and an anxiety disorder with outside service provider. obsessive compulsive features. Individual #1 The QMRP will document the training :5 attended a day program from 9:00 a.m. - 3:30 from outside service observations and p.m., Monday through Friday. client status monthly on the QMRP tracking summaries. a. An observation was conducted at the day These measures will ensure that all program on 6/13/08 from 9:00 a.m. - 12:00 p.m. individuals residing at Mallard are During the observation, the Director of Program provided with an appropriate Services stated "We want to move [Individual #1] to a smaller room. He is over-stimulated in the environment, staffing, and that a large room." When asked when Individual #1 vocational assessment is conducted for was moving to a smaller room, the Director stated and serves as a functional basis for the the move was scheduled for 3 weeks ago but did development of vocational activities. not happen. Additionally the facility will ensure that all vocational programs are individual #1's guardian stated during a meeting implemented and data is collected as on 8/15/08 from 1:00 - 2:15 p.m., individual #1 required. used to be in a smaller room and he was not notified that individual #1 was moved to the large work room. When asked, the QMRP stated Person Responsible: QMRP during an interview on 8/15/08 from 9:00 - 9:45 Completion Date: 9-19-08

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W 195	Continued From p	ge 7	W	195	TREATMENT	.10,1,12	1
	1. Refer to W120 s failure to ensure as identified needs of dentified needs of 2. Refer to W196 s facility to ensure a with continuous are services in all relevant services in all relevant services considered to ensure a services considered to ensure a to accurately reflemedical needs.  4. Refer to W280 s failure to ensure a to accurately reflemedical needs.  483.440(a)(1) AC Each client must restment program consistent implement program consistent implements and subpart, that is directly the client to function determination and (ii) The prevention loss of current.  This STANDARD Based on observices identified to observices.	is it relates to the facility's in outside day program met the an individual.  as it relates to the failure of the ach individual was provided at consistent active treatment want settings.  as it relates to the facility's each individual received training istent with their IPPs.  as it relates to the facility's in individual's IPP was revised at and respond to his current ITVE TREATMENT  esceive a continuous active in, which includes aggressive, mentation of a program of eneric training, treatment, health and services described in this	The state of the s	198	Refer individual #1 h from his current outsiparticipating in prevothrough Preferred Coday treatment program is now receiving a cotreatment program as Landing clients. Outs future when being coclients will include a including active treatment care services. The QN vocational assessment accurate. The QMRP outside service training 1x per month and assecurrent and updated thand the outside service from outside service client status monthly tracking summaries. Will ensure that all in at Mallard are provided appropriate environment that a vocational asseconducted for and serviced for the development of the development o	ide service, cational act mmunity H ms. Individentinuous act is all Malla ide services insidered for written continuous, and how the complet will complet will complet a minimular all data to the from the provider, ament the traobservations on the QMF These meast dividuals resed with an uent, staffing sament is eves as a funment of vocally the facility and program	and is vities omes ual #1 ive rd in the any ract ealth sure a ed and te m of s home ining and P res iding and vitional iv will is are
	ensure each indi-	idual was provided with onsistent active treatment evant settings for 1 of 1			Person Responsible: Completion Date: 9-1		,

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STATEMENT	OF DEFICIENCIES F CORRECTION	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BUI	LD		(X3) DATE SU COMPLE	rvey Ted
		136032	B. WI	W3		GB/1	5/2008
	ROVIDER OR SUPPLIER RED COMMUNITY HO	ONES - MALLARD		s	STREET ADDRESS, CITY, STATE, ZIP CODE 699 SOUTH OTTER MERIDIAN, ID 83642		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SCHOENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	ULD BE	DAYE COMPLETION (XS)
W 196	day program. This spending 6 ½ hour day program which developmental nee	e!#1) who attended an outside resulted in an individual s per day, 5 days per week at a did not meet his ds. The findings include:	W	19	96		
	a 59 year old male retardation and an obsessive computer	PP, dated 8/10/07, documented diagnosed with severe mental anxiety disorder with live features. Individual #1 gram from 9:00 a.m 3:30 ugh Friday.				:	
	day program with t An observation wa day program on 8/ p.m. During that ti	vation was conducted at the he following results. s conducted at individual #1's 13/08 from 9:00 a.m 12:00 me, individual #1 was not pate in skill-building or as follows:					Zine They Thee vi Thee vi The vi The vi
	table, watched oth the hern of his shir put a piece of foan the bag in a bin aff Individual #1 conti- and periodically ac	ndividual #1 sat at the work ers and periodically adjusted t. At 9:10 a.m., Individual #1 n in a plastic beg and placed for a staff directed him to do so. nued to sit and watch others ijusted the hem of his shirt after task a second time.					
	bathroom. 9:25 - 10:15 a.m.:	ndividual #1 was in the Individual #1 sat at the work					
	table, watched oth shirt, and periodic 9;30 a.m. and 10:1	ers, adjusted the hem of his ally picked his nose. Between 38 a.m., individual #1 put a plastic bag and placed the bag					

FORM CMS-2667(02-88) Previous Versions Obsolete

Event ID: PXB811

Facility 10: 13G022

If continuation sheet Page 9 of 18

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TATEMENT ND PLAN O	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BU		WHE CONSTRUCTION		ate su Omple	
		13G032	B. WI	NG_			08/15	V2008
	ROVIDER OR SUPPLIER RED COMMUNITY HO	OMES - WALLARD		\ •	REET ADDRESS, CITY, STATE, ZIP CO 569 SOUTH OTTER MERIDIAN, ID 83642	Æ	,	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF COM (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	Should bi	TE	(X8) COMPLETION DATE
W 196	times. The remain sat at the work table the hem of his shirt nose.  10:15 - 10:25 a.m.: bathroom.  10:26 - 10:30 a.m.: table, watched othe shirt, and periodical to:30 - 10:45 a.m.: was "break time." foyer area and sat removed a Nutra-C from his lunch bag some of the soda. or assist him to was snack.  10:45 - 11:00 a.m. bathroom.  11:00 - 11:08 a.m. table, watched oth shirt, and periodical times.	individual #1 was in the sers, adjusted the the bar and drank. Staff were not noted to prompt ship has at at the work at the shade prior to eating his individual #1 was in the sers, adjusted the hem of his lily ploked his nose.  Individual #1 was informed it he took his lunch bag to the in the chair by the window. He crain bar and a bottle of soda. He are the bar and drank. Staff were not noted to prompt sh his hands prior to eating his individual #1 was in the landvidual #1 was in the clair by the window. Individual #1 was in the clair by bar and drank. Individual #1 was in the clair by picked his nose.  Individual #1 was in the clair by picked his nose.  Individual #1 was in the clair by picked his nose.	W	198				
		ally picked his nose. : Individual #1 was in the						

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		I AND HUMAN SERVICES & MEDICAID SERVICES				FORW OMB NO	): 08/20/2008 1 APPROVED ): 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		CONSTRUCTION	(NB) DATE S COMPL	URVEY ETED
		130032	B. WIN	G		087	15/2008
	ROYIDER OR SUPPLIER RED COMMUNITY H	OMES - MALLARD		699 8	ADDRESS, CITY, STATE, ZIP CC SOUTH OTTER	DE	
(X4) ID PREFIX TAG	SUMMARY ST/ (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL BC (DENTIFYING BYFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCE) TO THE DEFICIENCY)	SHOULD BE	COMPLETION DATE
W 196	11:48 a.m 12:00 work table, watche	age 10 p.m.: Individual #1 sat at the d others, adjusted the hem of dically picked his nose.	W	196	DEFECTOR)		
	During the observation of Program Service be working on assabout Individual #1 facility, the Product Services stated "It program staff did re-	ation noted above, the Director es stated "[Individual #1] was to embly skills." When asked 's program book from the tion Supervisor for Work was brought in and the day not tell anyone about it, then it es, and no one knows anything					
	contained the folio BMP, 9/1/07 common thand washing pro- program, and 9/1/0 asked, the QMRP 8/15/08 from 9:00 day program staff #1's program book	gram book from the facility wing: tils 8/10/07 tPP, 9/18/07 nunication program, 9/1/07 gram, 9/1/07 self feeding 07 Dietary Guidelines. When stated during an interview on - 9:45 a.m., she was aware the were not following individual to from the facility and they (the					Statu Come Angel Come Come Come Come Come Come Come Come
	failure to ensure o	as it relates to the facility's utside services provided an ve treatment services.					
W 249	provided with cont treatment services	o ensure Individual #1 was inuous and consistent active at his day program. DGRAM IMPLEMENTATION	w	249			
	formulated a client each client must no treatment program	erdisciplinary team has I's individual program plan, sceive a continuous active n consisting of needed services in sufficient number					The Advantage of the Ad

FORM CMS-2567(02-09) Previous Versions Obsciels

Event ID: PXB511

Facility ID: 13G032

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FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY COMPLETED (X2) MEATIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA EDENTIFICATION NUMBER: STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION A. BUILDING A WING 08/15/2008 130022 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 899 SOUTH OTTER PREFERRED COMMUNITY HOMES - MALLARD MERIDIAN, ID 83642 PROVIDER'S PLAN OF CORRECTION SIMPLARY STATEMENT OF DEFICIENCIES COMPLETION (X4) ED PREFEX TAG IEACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DEFICIENCY W 249 W 249 Continued From page 11 and frequency to support the achievement of the objectives identified in the individual program pien. W249 483.440(d)(1) PROGRAM **IMPLEMENTATION** This STANDARD is not met as evidenced by: Outside services in the future when Based on observation, record review, and staff being considered for any clients will interviews it was determined the facility falled to include A written contract ensure each individual received training and The OMRP will assure a vocational services consistent with their IPP for 1 of 1 assessment is completed and accurate. individual (Individual #1) who attended a day The QMRP will complete outside program. This resulted in an individual not service training a minimum of 1x per receiving training as specified in his IPP and day month and assure all data is current and program plan. The findings include: updated both from the home and the 1. Individual #1's IPP, dated 8/10/07, documented outside service provider. a 59 year old male diagnosed with severe mental The QMRP will document the training retardation and an anxiety disorder with from outside service observations and obsessive compulsive features. He attended a client status monthly on the QMRP day program from 9:00 a.m. - 3:30 p.m., Monday tracking summaries. These measures through Friday. will ensure that all individuals residing at Mallard are provided with an a, individual #1's individual Plan from the day program, dated 8/07, stated staff were to instruct appropriate environment, staffing, and that a vocational assessment is individual #1 to sit back down and verbalize "bathroom" If he attempted to leave the area conducted for and serves as a functional without asking. During an observation at the day basis for the development of vocational program on 6/13/08 from 9:00 a.m. - 12:00 p.m., activities. Additionally the facility will sers xxxx ent eveni of befor eaw 1% laubivibri ensure that all vocational programs are and go in to the bathroom 5 times. Staff were not implemented and data is collected as noted to instruct Individual #1 to sit back down required. and verbalize "bathroom." Person Responsible: QMRP b. Individual #1's Individual Plan from the day Completion Date: 9-19-08 program, dated 8/07, stated staff were to provide individual #1 with items of different shape and/or color to separate. During an observation at the day program on 8/13/08 from 9:00 a.m. - 12:00

Event ID: PXB811

FORM CMS-2557(02-90) Previous Versions Obsolets

Facility ID: 13G032

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TATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SU COMPLE		
		13G032	B. WA	NG		08/1	5/2008	
	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE 39 SOUTH OTTER			
PREFER	RED COMMUNITY H	OMES - MALLARD		A	MERIDIAN, ID 83642			
(X4) ID PREFIX TAG	TEACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	PREF TAG		PROVIDER'S PLAN OF CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPL DEFICIENCY)	ULDBE	COMPLETION DATE	
W 249	Continued From pa p.m., Individual #1 with such items.	age 12 was not noted to be provided	W	249				
	program, dated 8/0 attend to a task su bagging, or assem During an observa 8/13/08 from 9:00 was noted to atten instruction 8 firms	ndividual Plan from the day 07, stated Individual #1 was to uch as sorting, collating, ibling with verbal instruction. It in the day program on s.m 12:00 p.m., Individual #1 id to a task with verbal implemented throughout the						
	progrem stated on were to implement	Vocational Specialist at the day a 8/13/08 at 12:00 p.m., staff the above noted objectives a presented themselves.					The state of the s	
<b>发表</b> 。	8/13/08 from 9:00 asked about Indivi the facility. The P Services stated "li program staff did	rvation at the day program on e.m 12:00 p.m., staff were idual #1's program book from roduction Supervisor for Work it was brought in and the day not tell anyone about it, then it es, and no one knows anything						
	contained the folk BMP, 9/1/07 com hand washing pro	ogram book from the facility owing: His 8/10/07 IPP, 9/18/07 munication program, 9/1/07 ogram, 9/1/07 self feeding /07 Dietary Guidelines.						
	interview on 8/15/ was aware the da following Individua	QMRP stated during an 108 from 9:00 - 9:45 a.m., she ny program staff were not at #1's program book from the the day program staff) would not					A Company of the Comp	

FORM CMS-2567(02-00) Previous Versions Obsolete

Event ID; PXES11

Facility ID: 18G05

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CENTERS FOR MEDICARE & MEDICARE SERVICES  INTO PAN OF PROVIDER OR SUPPLIER  13G032  INMED  13G032  INMED  13G032  INVESTIGATION  INVESTINATION  INVESTIGATION  INVESTIGATION  INVESTIGATION  INVESTIGATIO	DEPART	MENT OF HEALTH	AND HUMAN SERVICES				FORM	APPROVED 0938-0391
NAME OF PROVIDER OR SUPPLIER  PREFERRED COMMUNITY HOMES - MALLARD  SUMMARY STATEMENT OF DEPICIENCES  GRACIO REFERENCE OF MAST SET PRESENCE OF YOUR PREFER OF THE ACTION SHOULD BE GRACIO REFERENCE OF THE ACTION SHOULD BE GRACIO REFERENCE OF THE ACTION SHOULD BE GROSS-REFERENCE OF THE APPROPRIATE OF	BTATEMENT	OF DEFICIENCIES	DOD PROVIDER/SUPPLIER/CLIA			CONSTRUCTION	(XX) DATE SL COMPLE	RVEY TED
PREFERRED COMMUNITY HOMES - MALLARD  DATE OF THE MERDIAN, ID 3842  PREPARATORY OR LISE DESTIFIANCE PLAN OF CORRECTION MERDIAN, ID 3842  TAG  PREPARATORY OR LISE DESTIFIANCE PLAN OF CORRECTION MATTER ATTEND SHOULD BE CROSS-REFERED FOR A TRANSPORT OF SHOULD BE CROSS-REFERED FOR A			13G032	B. WIN	ß		08/13	5/2008
PRETEX TABLE DESCRIPTION OF LIGO EXPENSIVE THE PRECEDED BY FULL PROPERTY.  W 249  Continued From page 13  follow it.  The facility failed to ensure individual #1 received training as specified in his IPP and day program plan.  W 260  At least annually, the individual program plan must be revised, as expropriate, repeating the process set forth in paragraph (c) of this section.  This STANDARD is not met as evidenced by: Based on record review and staff interviews, it was determined the facility failed to ensure an individuals (individuals (individuals (individuals)) of this section and respond to his current medical needs for 1 of 3 individuals (individuals) (individuals (individuals)) of the current medical needs. The findings include:  1. Individuals (individual #2's IPP, dated 127/107, documented a 64 year old male diagnosed with severe membal retardation and right side hermipanels.  Individual #2's medical records showed he had a stroke on 27/908. His Physician Orders, dated 3/09 and 6/08, stated "Avoid restraints to upper left arm."  However, individual #2's BMP, dated 7/7/08, showed a "one person 2 arm standing restraint" was approved.  When asked, both the Administrator and QMRP stated during an interview on 8/15/08 from 9:00 - 9:45 a.m., they were not aware of the Physician	•		OMES - MALLARD		698 S	OUTH OTTER		
follow it.  The facility failed to ensure individual #1 received training as apecified in his IPP and day program plan.  W 260 483.440(f)(2) PROGRAM MONITORING & CHANGE  At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section.  This STANDARD is not met as evidenced by: Based on record review and staff interviews, it was determined the facility failed to ensure an individual #2 revised to accurately reflect and respond to his current medical needs for 1 of 3 individuals (individual #2) whose IPPs were revised on the revised behavior assessment will be completed to reflect and respond to his current medical needs. Completed 9: 12-08 Person responsible: Behavior specialist Based on the revised behavior assessment will be completed to reflect and respond to his current medical needs. The findings include:  1. Individual #2's include:  1. Individual #2's IPP, dated 12/17/07, documented a 54 year old male diagnosed with severe mental retardation and right side hemiparesia.  Individual #2's medical records showed he had a stroke on 2/9/08. His Physician Orders, dated 3/08 and 6/08, stated "Avoid restraints to upper left arm."  However, Individual #2's BMP, dated 7/17/08, showed a "one person 2 arm standing restraint" was approved.  When asked, both the Administrator and QMRP stated during an interview on 8/15/08 from 9:00 - 8:45 a.m., they were not aware of the Physician	PREFIX	(FACH DEFICIENC	Y MUST BE PRECEDED BY FULL.	PREFI		(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API	OULD BE	
W 260 CHANGE  At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section.  This STANDARD is not met as evidenced by: Based on record review and staff interviewe, it was determined the facility failed to ensure an individual*s IPP was revised to effect and ensure an individual* (individual *#2's current medical needs. Completed 9-12-08  Person responsible: Behavior Specialist and individual* (individual *#2's current medical needs for 1 of 3 individuals (individual *#2's current medical needs. The resulted in an individual* special section and repond to his current medical needs for 1 of 3 individual *#2's macked in earth the current medical needs. The findings include:  1. Individual *#2's IPP, dated 12/7/07, documented a 54 year old male diagnosed with severe mental retardation and right side hermiparesia.  Individual *#2's medical records showed he had a stroke on 2/9/08. His Physician Orders, dated 3/08 and 8/08, stated "Avoid restraints to upper left arm."  However, Individual *#2's BMP, dated 7/7/08, showed a "one person 2 arm standing restraint" was approved.  When asked, both the Administrator and QMRP stated during an interview on 8/15/08 from 9:00-9:46 a.m., they were not aware of the Physician	W 249	follow it.  The facility failed to training as apecific	o ensure individual #1 received	W	249			
At least annually, the Individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section.  This STANDARD is not met as evidenced by: Based on record review and staff interviews, it was determined the facility failed to ensure an individual? IPP was revised to accurately reflect and respond to his current medical needs for 1 of 3 individuals (Individual #2) whose IPPs were reviewed. This resulted in an individual's BMP not being revised to reflect his current medical needs. The findings include:  1. Individual #2's IPP, dated 12/7/07, documented a 54 year old mate diagnosed with severe mental retardation and right side hemiparesia.  Individual #2's medical records showed he had a stroke on 2/9/08. His Physician Orders, dated 3/08 and 6/08, stated "Avoid restraints to upper left arm."  However, Individual #2's BMP, dated 7/7/08, showed a "one person 2 arm standing restraint" was approved.  When asked, both the Administrator and QMRP stated during an interview on 8/15/08 from 9:00 - 9:45 a.m., they were not aware of the Physician	W 260	483,440(f)(2) PRC	GRAM MONITORING &	W	260			
9:45 a.m., they were not aware of the Physician		must be revised, a process set forth in the process set forth in the second record research to his and respond to his individuals (Individuals (Individuals (Individuals The findir reviewed. This remote being revised needs. The findir 1. Individual #2's a 54 year old mal retardation and	is appropriate, repeating the in paragraph (c) of this section.  Is not met as evidenced by: eview and staff interviews, it is facility failed to ensure an as revised to accurately reflect a current medical needs for 1 of vidual #2) whose IPPs were suited in an individual's BMP to reflect his current medical igs include:  IPP, dated 12/7/07, documented a diagnosed with severe mental ght side hemiparesia.  Adical records showed he had a His Physician Orders, dated ated "Avoid restraints to upper use #2's BMP, dated 7/7/08, erson 2 arm standing restraint" in the Administrator and QMRP.			A behavior assessment completed to reflect individual #2's currer Completed 9-12-08 Person responsible: Based on the revised assessment the physic contacted and all physic contacted and appropriate BMP will then be the changes, and mobe held to review chastatus.  Completed by 9-19-4	change and respondent medical respondent medical restraint will be exical restraint oved by a Decrevised to anthly meeting anges in any	to leeds. ccialist ats will reflect
		9:45 a.m., they w	interview on 8/15/08 from 9:00 - ere not aware of the Physician					

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FORM CMB-2567(02-99) Previous Versions Obscible

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DEPART	MENT OF HEALTH	AND HUMAN SERVICES			•	FORM	08/20/2008 APPROVED .0938-0391
CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCES AND PLAN OF CORRECTION  130032		(X1) PROVIDER/SUPPLIER/CLIA	(CC) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED	
		B. Wi	NG		09/15/2008		
	ROVIDER OR SUPPLIER RED COMMUNITY H	OMES - MALLARD		65	EET ADDRESS, CITY, STATE, ZIP CODE IS SOUTH OTTER IERIDIAN, ED 83842		
(X4) ID PREFEX TAG	SUMMARY STA	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC EDENTIFYING INFORMATION)	PRET TAC	FIX	PROVIDERS PLAN OF CORRE (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEPICIENCY)	OULD DE	OCMPLETION STATE
W 260	The facility falled to was revised when	P needed to be revised.  Densure individual #2's BMP his medical status changed.		260 312	,		
W 312	Drugs used for connust be used only client's individual propertically toward elimination of the lare employed.  This STANDARD Based on record indetermined the farmodifying drugs were directed speared eventual eliminative drugs were used individual #2) which were reviewed. Individual #2 which appropriate plan is how it may chang regression. The individual eliminative individual #2 were reviewed.	nirol of inappropriate behavior as an integral part of the program plan that is directed is the reduction of and eventual sehaviors for which the drugs is not met as evidenced by:  is not met as evidenced by:  eview and staff interview, it was clirity falled to ensure behavior were used only as a critically towards the reduction of the individual's IPP that clifically towards the reduction of ination of the behavior for which set for 1 of 2 individuals ose behavior modifying drugs his resulted in an individual for modifying drug without an test identified drug usage and e in relation to progress or indings include:	· · · · · · · · · · · · · · · · · · ·		W312 483.450(e0(2)  Individual #2's medications where by ensuring to control of inappropriate be used only as an inclient's individual production of and evitable behaviors for whether the person Responsible Completion Date: 9	dication Xan dicat	nex has plan. loccur ewed ed for, of the hat is e
	a 54 year old mai retardation. His f and 6/08, stated i anti-anxiety drug) hours prior to me His Medication A 5/27/08 and 6/19	IPP, dated 12/7/07, documented e diagnosed with severe mental Physician Orders, dated 3/08 no received Xenax (an 0.6 mg PRN 1 - 3 tablets 11/4 dical and dental appointments. dministration Record, dated /08, showed he received Xanax examination and a medical					
	PRN 101 a dental		<u></u>		Pacific ID: 13G052 If G	ontinuation sho	of Proce 1

Event ID: PXB811

FORM CMS-2567(02-69) Previous Varsions Obsolets

Facility ID: 13G052

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CENTERS FOR MEDICARE STATEMENT OF DETICIENCIES AND PLAN OF CORRECTION		OCO PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(C2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED	
	189032		B. WDKG			08/15/2008		
NAME OF PROVIDER OR SUPPLIER PREFERRED COMMUNITY HOMES - MALLARD				STREET ADDRESS, CITY, STATE, ZP CODE 699 SOUTH OTTER MERIDIAN, ID 83642				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(E/	PROVIDER'S PLAN OF COP ACH CORRECTIVE ACTION SS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	COMPLETIO DATE	
W 312	Continued From pa appointment.	age 15	W 3	12			-	
	stated during an in	the Administrator and QMRP terview on 8/15/08 from 9:00 - as no plan to reduce Xanax; it						
	The facility failed to use of Xanax PRN #2.	o ensure a plan to reduce the was developed for Individual		,	•			
	1 (1975) 1 (1975) 1 (1984) 1 (1984)					nn Sower Sower Sower	The state of the s	
	1 (%) 1 (22) 1 (24) 1 (24)	Samuel Andrews (1995) Andrews (1995) Andrews (1995)	- The state of the			er Marian Length (1997) Length (1997)	A STATE OF THE STA	
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PREFIX (EACH DEFICIENCY	ATEMENT OF DEFICIENCE Y MUST BE PRECEDED BY	999 SOUTH MERIDIAN, S FULL	OTTER	TATE, ZP CODE	08/15	/2008
PREFERRED COMMUNITY H	ATEMENT OF DEFICIENCE Y MUST BE PRECEDED BY	999 SOUTH MERIDIAN, S FULL	OTTER	TATE, ZIP CODE		
(X4) ID SUMMARY STA PREFIX (EACH DEFICIENCY	ATEMENT OF DEFICIENCE Y MUST BE PRECEDED BY	MERIDIAN, S FULL				
PREFIX (EACH DEFICIENC)	Y MUST'BE PRECEDED BY	FULL				
`	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOLE CROSS-REFERENCED TO THE APPR DEFICIENCY) MM197-16-03-11-07	ULD HE OPRIATE	(XS) COMPLETE DAYE
MM197 16.03.11.075.10(d)	Writien Plans		MM197	WRITTEN PLANS		
Is described in writing the facility; and	ten plans that are ke	pt on file		refer to 312		
Refer to W312.  MM212 16.03.11.075.17(a)	et as evidenced by: ) Maximize Developn	nental	MM212	MM212 16.03.11.07 MAXIMIZE DEVE POTENTIAL		ITAL
resident must be didevelopmental pot be provided in the of the resident's portion of the resident's portion of the resident's portion of the resident's portion of the administration provide for individual implementation and programa must be of needs and problem participation of the providers, and who	inistration of ICF/MR facilities and program planning devaluation. Individual based on relevant allems and must reflect individual, the servicere possible, the individual of	must ssessment the and must estrictive  must ssessment the a	MM512	refer to W195, W19  MM512 16.03.11.20  ADMINISTARTIO  refer to W100	0	
must include provi coordination and c processes for revie Programming for in resident's legal rigit care, training and	<ul> <li>Individual program sions for total program continuous, self-corre ew and program revis ndividuals must incore ints of due process, a treatment, net as evidenced by:</li> </ul>	m cting slon. porate the	enter en			
ureau of Facility Standards	Market			1/ me//		(X8) DATE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIERCEL AND PLAN OF CORRECTION (DENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED			
		13G032		B. WING		08/15/2008		
MANEOED	ROVIDER OR SUPPLIER	(7000	STREET ADD	RESS. CITY, 8	STATE, ZIP CODE	00 (0)2000		
			699 SOUT	•				
PREFERRED COMMUNITY HOMES - MALLARI MERIDIAN, ID 83642								
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR MM/725 10.113.11.2	ULD BE COMPLETE ROPRIATE DATE		
MM725	Continued From page 1			MM725				
MM725	16.03.11.270.01(b) QMRP			MM725	refer to 159			
	implementation of core, integrating program, recording initiating periodic refor necessary modifunction may be professible, by agreement	possible for supervision seach resident's indivi- the various aspects in each resident's properties of each individualitications or adjustment ovided by a QMRP or ent. et as evidenced by:	dual plan of the gress and ual plan ents. This					
,	, (A) S		: v Sg2		MM859 16.03.11.27	70.08(1)(1)		
MM859	Habilitation Supervision of delin	(I) Supervision of Tra very of training and h	abilitation	MM859	SUPERVISION OF AND HABILITAT	TRAINING		
<i>d</i>	facility's program;	et as evidenced by:	he					
MM961	16.03.11.270.08(f)	(iii) Periodic Review		MM861	**************************************	70.00(5)		
	Initiating periodic recare for necessary	eview of each individe modifications or adju	ual plan of satments.		MM861 16.03.11.2 PERIODIC REVIE	` ' ' ' '		
	This Rule is not m Refer to W260.	et as evidenced by:			icier to w 200			
			A THE PARTY OF THE	·				
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